

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/890,807	FILING DATE
APPLICANT(S)		

Available Copy

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/	/
2	/	/	/	/	/
3	2	/	/	/	/
4	/	/	/	/	/
5	/	/	/	/	/
6	/	/	/	/	/
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50					
TOTAL IND.	3	3	3		
TOTAL DEP.	8	7	7		
TOTAL CLAIMS	11	10	10		

*	*	*	*
IND.	DEP.	IND.	DEP.
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TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS